

MAIN STUDY - ROUND 4

COMMUNITY COMPONENT

IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX IP1	<p>IF SP WAS STILL IN HOSPITAL AT TIME OF PREVIOUS INTERVIEW (CODE 95 FOR DISCHARGE MONTH FOR ANY IP EVENT IN LAST ROUND), GO TO IP5.</p> <p>IF SP WAS ADMITTED TO HOSPITAL AS INPATIENT FROM EMERGENCY ROOM THIS ROUND (ER6=1), GO TO IP5.</p> <p>IF NO PREVIOUS ROUND IP = "95" (STILL IN HOSPITAL) AND NO CURRENT ROUND ADMISSION FROM EMERGENCY ROOM, GO TO IP1.</p>
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IP1. [Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP)] admitted to a hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

IPPROBE

YES	1	(IP2)
NO	2	OP1
REFUSED.....	-7	OP1
DON'T KNOW	-8	OP1

IP2. Where (were you/was SP) admitted -- to which hospital?
[ENTER ONLY ONE FACILITY.]

PROVNAME

BOX IP2	a. SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
	SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	(IP4)
	b. "V.A. FLAG" SET FOR THIS PROVIDER	1	(IP4)
	"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(IP3)

IP3. Is (HOSPITAL) a facility of the Veterans Administration?

VAPLACE

YES	1
NO	2
REFUSED.....	-7
DON'T KNOW	-8

INPATIENT HOSPITAL UTILIZATION AND EVENTS (IP)

Household (Round 4 Main)

IP4. When (were you/was SP) admitted to and discharged from (HOSPITAL NAMED IN IP2/NAME OF HOSPITAL FROM ER2)?

[ENTER "95" IN MONTH FIELD FOR DISCHARGE DATE IF SP STILL IN HOSPITAL.]

ADMISSION _____ / _____ / _____
MONTH DAY YEAR

DISCHARGE _____ / _____ / _____ **BOX IP3**
MONTH DAY YEAR

EVBEGBMM

EVENDMM

EVBEGBDD

EVENDDD

EVBEGBYY

EVENDYY

IP5. [Last time (you/SP) had been admitted to (HOSPITAL) on (ADMISSION DATE) and (were/was) still a patient there on (PREVIOUS ROUND INTERVIEW DATE). When (were you/was SP) discharged from (HOSPITAL) for that stay? [You told me (you were/SP was) admitted to (NAME OF HOSPITAL FROM ER2) from the emergency room on (DATE FROM ER4).] When (were you/was SP) discharged from (HOSPITAL) for the stay that started on (IP4 ADMISSION DATE)?

[ENTER "95" IN MONTH FIELD IF STILL IN HOSPITAL.]

EVENDMM

EVENDDD

EVENDYY

_____/_____/_____
MONTH DAY YEAR

IP6 OMITTED.

BOX IP3	<p>IF IP5=95 AND SP WAS IN HOSPITAL AT PREVIOUS ROUND INTERVIEW DATE, GO TO OP1.</p> <p>IF DISCHARGE DATE = 95 FOR SP WHO WAS <u>NOT</u> IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO IP16.</p> <p>OTHERWISE, ASK IP7-IP15 FOR EACH COMPLETE HOSPITAL STAY REPORTED AT IP4 AND IP5.</p>
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IP7. Were any operations performed on (you/SP) during the hospital stay that was (FIRST/NEXT ADMISSION DATE) to (FIRST/NEXT DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS

YES 1 (IP8)
NO 2 (IP10)
REFUSED -7 (IP10)
DON'T KNOW -8 (IP10)

IP8. What was the name of the operation or surgical procedure?
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC

OPERATION 1: _____
OPERATION 2: _____
OPERATION 3: _____

IP9. What condition required the [READ SURGICAL PROCEDURES BELOW]?
[ENTER ALL CONDITIONS.]
CONDTION

BOX IP4	GO TO IP12.
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IP10. Was this hospital stay for any specific condition?

SPECCOND

YES	1 (IP11)
NO	2 (IP12)
REFUSED	-7 (IP12)
DON'T KNOW	-8 (IP12)

IP11. What was the condition?
[ENTER ALL CONDITIONS.]
CONDTION

IP12. During this hospitalization, did (you/SP) have any special or private duty nursing care?

PDNCARE

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

BOX IP4A	IF THIS STAY ADDED THROUGH IP1, GO TO IP13. IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12 . IF THIS STAY ADDED THROUGH NS, GO TO BOX NS11 .
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IP13. At the time (you were /SP was) discharged, were any medicines prescribed for (you/SP)?

PRESMDCN

YES	1 (IP14)
NO	2 BOX IP5
REFUSED.....	-7 BOX IP5
DON'T KNOW	-8 BOX IP5

IP14. Were any of the prescriptions filled?

PRESFILL

YES	1 (IP15)
NO	2 BOX IP5
REFUSED	-7 BOX IP5
DON'T KNOW	-8 BOX IP5

IP15. Please tell me the names of these medicines.
[ENTER ALL MEDICINES.] [CHECK SPELLING.]
PMEDNAME

BOX IP5	IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5. OTHERWISE, GO TO IP16.
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IP16. [INTERVIEWER: IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:] [Since (REF. DATE), (have you/has SP) had/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) have] any other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

- YES 1 (IP2)
- NO 2 **OP1**
- REFUSED..... -7 **OP1**
- DON'T KNOW -8 **OP1**